

**Florida Gulf Coast University
Financial Conflict of Interest Disclosure Report**

Employee Name (printed)

_____ **Last Name**

_____ **First Name**

You must fill out a separate form for each company in which you have a financial interest and update each form annually or as changes occur.

This form is to be completed in connection with the Florida Gulf Coast University's Policy on Financial Conflict of Interest in Sponsored Research, 2.018 by all key personnel who are involved in the review, design, analysis, conduct and/or reporting of research in which an entity of Florida Gulf Coast University is engaged. Answers should be completed **based on the 12 months prior to form completion.**

Should you have questions about the form, you may contact: Research@fgcu.edu

Florida Gulf Coast University's Office of Research & Graduate Studies will protect the confidentiality of private investments and personal finances and will request information related only to financial relationships that might influence the objectivity of research being conducted.

Your answer(s) to the questions do not imply that any financial interest you disclose is improper or impermissible. However, failure to report a financial interest or furnishing false, misleading or incomplete information may constitute professional misconduct and could be cause for disciplinary action.

I participate in Public Health Service (PHS) or NSF funded research Yes No

I am disclosing financial interest for (entity name): _____

In relation to the Entity above, please note the following section on Financially Interested Company:
Significant Financial Interest: FGCU Policy 2.018 requires that you report any compensation that you receive or Equity or Proprietary Interests that you have in an entity (i.e. the manufacturer of a product that is the subject of your Research project(s), its agent, or a company that is a direct and primary competitor to the manufacturer of the product) even if you purchased the Equity interest. The policy also requires that you disclose whether you hold a fiduciary position with an entity even if the position is unpaid.

1) Research or services performed for this entity generates personal income paid directly to a member of my immediate family or me. Yes No

If yes, please provide amount of income within the last year. \$ _____

2) A member of my immediate family or I receive(s) personal income for consulting or other services from this entity. Yes No

If yes, please provide amount of income within the last year. \$ _____

3) A member of my immediate family or I receive(s) personal income for other services (e.g. advisory services) for this entity. Yes No

If yes, please provide amount of income within the last year. \$ _____

4) A member of my immediate family or I receive(s) personal royalties from this entity. Yes No

If yes, please provide amount of income within the last year. \$ _____

5) A member of my immediate family or I has equity in this entity. Yes No

If yes, please provide amount of equity held. \$ _____ or _____%

- 6) Within the last 12 months, a member of my immediate family or I has been reimbursed by this entity for travel in connection with professional duties. Yes No

If yes,

Duration of travel: _____

To what location: _____

Purpose of travel: _____

Amount of reimbursement: _____

Please answer the following questions:

I receive compensation from or hold an Equity or Proprietary Interest in the disclosed entity. Yes No

I hold a fiduciary position (director or officer) in the disclosed entity. Yes No

My signature on this form signifies that I have read and understand the Florida Gulf Coast University's Policy on Financial Conflict of Interest in Sponsored Research, 2.018.

Signature _____ Date _____

For ORSP use only:

ORSP# _____ Received Date: _____

Notes: